## Issue Classification



| Application/Control No. | Applicant(s)/Patent Under Reexamination |  |  |  |  |  |  |  |
|-------------------------|---|--|--|--|--|--|--|--|
| 10588479                | YOSHIDA, MASAAKI                        |  |  |  |  |  |  |  |
| Examiner                | Art Unit                                |  |  |  |  |  |  |  |
| Nathan W Ha             | 2814                                    |  |  |  |  |  |  |  |

| ORIGINAL CLASS SUBCLASS |   |  |  |   |     |          | INTERNATIONAL CLASSIFICATION |                       |  |  |  |  |  |             |  |  |
|-------------------------|---|--|--|---|-----|----------|------------------------------|-----------------------|--|--|--|--|--|-------------|--|--|
|                         |   |  |  |   |     |          | CLAIMED                      |                       |  |  |  |  |  | NON-CLAIMED |  |  |
| 257 314                 |   |  |  | Н | 0   | 1        | L                            | 29 / 788 (2006.01.01) |  |  |  |  |  |             |  |  |
| CROSS REFERENCE(S)      |   |  |  |   |     |          |                              |                       |  |  |  |  |  |             |  |  |
| CLASS                   | CLASS SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |   | CK) | t        |                              |                       |  |  |  |  |  |             |  |  |
| 257                     | E27.014                                 |  |  |   |     |          |                              |                       |  |  |  |  |  |             |  |  |
|                         | 1                                       |  |  |   |     |          |                              |                       |  |  |  |  |  |             |  |  |
|                         | <u> </u>                                |  |  |   |     |          |                              |                       |  |  |  |  |  |             |  |  |
|                         | 1                                       |  |  |   |     |          |                              |                       |  |  |  |  |  |             |  |  |
|                         |   |  |  |   |     | ┢        |                              |                       |  |  |  |  |  |             |  |  |
|                         | 1                                       |  |  |   |     |          |                              |                       |  |  |  |  |  |             |  |  |
|                         |   |  |  |   |     |          |                              |                       |  |  |  |  |  |             |  |  |
|                         |   |  |  |   |     |          |                              |                       |  |  |  |  |  |             |  |  |
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|                         |   |  |  |   |     |          |                              |                       |  |  |  |  |  |             |  |  |

|       | Claims renumbered in the same order as presented by applicant |       |          |       |          | ☐ CPA ☐ T.D. |          |       |          | ☐ R.1.47 |          |       |          |       |          |
|-------|---|-------|----------|-------|----------|--------------|----------|-------|----------|----------|----------|-------|----------|-------|----------|
| Final | Original  | Final | Original | Final | Original | Final        | Original | Final | Original | Final    | Original | Final | Original | Final | Original |
| 1     | 1   | -     | 17       |       |          |              |          |       |          |          |          |       |          |       |          |
| 2     | 2   | -     | 18       |       |          |              |          |       |          |          |          |       |          |       |          |
| 3     | 3   | -     | 19       |       |          |              |          |       |          |          |          |       |          |       |          |
| 4     | 4   | -     | 20       |       |          |              |          |       |          |          |          |       |          |       |          |
| 5     | 5   | -     | 21       |       |          |              |          |       |          |          |          |       |          |       |          |
| 6     | 6   | -     | 22       |       |          |              |          |       |          |          |          |       |          |       |          |
| 7     | 7   | 9     | 23       |       |          |              |          |       |          |          |          |       |          |       |          |
| 8     | 8   |       |          |       |          |              |          |       |          |          |          |       |          |       |          |
| -     | 9   |       |          |       |          |              |          |       |          |          |          |       |          |       |          |
| -     | 10  |       |          |       |          |              |          |       |          |          |          |       |          |       |          |
| -     | 11  |       |          |       |          |              |          |       |          |          |          |       |          |       |          |
| -     | 12  |       |          |       |          |              |          |       |          |          |          |       |          |       |          |
| -     | 13  |       |          |       |          |              |          |       |          |          |          |       |          |       |          |
| -     | 14  |       |          |       |          |              |          |       |          |          |          |       |          |       |          |
| -     | 15  |       |          |       |          |              |          |       |          |          |          |       |          |       |          |
| -     | 16  |       |          |       |          |              |          |       |          |          |          |       |          |       |          |

| NONE  | Total Claims Allowed: |                     |                   |  |  |
|---|-----------------------|---------------------|-------------------|--|--|
| (Assistant Examiner)                            | (Date)                | 9                   |                   |  |  |
| /Nathan W Ha/<br>Primary Examiner.Art Unit 2814 | 4/14/09               | O.G. Print Claim(s) | O.G. Print Figure |  |  |
| (Primary Examiner)                              | (Date)                | 1                   | 4C-4D             |  |  |